

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90013 044 \*\*\*550.00

**DOCUMENT # P99000095410**

1. Entity Name

**SATELLITE PROPULSION, INC.**

Principal Place of Business

**7913 PLUMMER RD.  
 JACKSONVILLE FL 32219**

Mailing Address

**7913 PLUMMER RD.  
 JACKSONVILLE FL 32219-1616**

2. Principal Place of Business

**7913 Plummer RD**

Suite, Apt. #, etc.

3. Mailing Address

**24 N. MARKET ST. STE 404**

Suite, Apt. #, etc.

**404**



DO NOT WRITE IN THIS SPACE

City & State

**JAX, FLA.**

City & State

**JAX, FLA.**

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

**32219**

**DUVAL**

Zip

Country

**32202**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BASFORD, MICHAEL  
 24 N. MARKET ST., STE. 404  
 JACKSONVILLE FL 32202**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **YELVINGTON, RICHARD JR.**  
 STREET ADDRESS **7913 PLUMMER RD.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32219**

TITLE ☐ Change ☒ Addition  
 NAME **YELVINGTON RICHARD**  
 STREET ADDRESS **SR. - 109 BTR SONIMA CIRCLE**  
 CITY-ST-ZIP **HOMOSASSA, FLA. 34446 -**

TITLE ~~STANLEY KARR~~ ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIC Richard Deoungelington**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-00/904713-8715-**

Date

Daytime Phone #

CEL 1 014 9000